

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-022065

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 776

FILED JUL 9 1962

VS 300
Rev. 4/59

1 5/17

2 5/17

3

4 0

5 2

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7 1

8 2

9 151X

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

J.R. Forgrave

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 776

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Joseph

Length of stay in 1b

2 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Missouri Methodist Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

Inside Limits

Yes ☒ No ☐

c. CITY

OR

TOWN

St. Joseph

d. STREET

ADDRESS

(If outside, give location)

2930 Monterey

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

JAMES

Middle

WORRELL

Last

PETTIJOHN

4. DATE

OF

DEATH

Month

July 1, 1962

Day

Year

5. SEX
male6. COLOR OR RACE
white7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐8. DATE OF BIRTH
6/13/18809. AGE (last birthday)
82IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

retired banker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Indianapolis, Ind.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

A. C. Pettijohn

13b. MOTHER'S MAIDEN NAME

Emily Francis Wilson

14. NAME OF HUSBAND OR WIFE

Mary H.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

yes

Spanish American

17. INFORMANT

Address

Marth McNeal 2930 Monterey, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

GASTRIC Hemorrhage
Carcinoma of stomachINTERVAL BETWEEN
ONSET AND DEATH
1 week.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

3 mo.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I. (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1-15-60 to 7-1-62 and last saw him alive on 7-1-62
Death occurred at 2:45 p. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

cremation

23b. DATE

7/5/62

23c. NAME OF CEMETERY OR CREMATORY

Edwood

23d. LOCATION (City, town, or county)

Kansas City

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Heaton Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 5, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Gardell

(Licensed Embalmer's Statement on Reverse Side)

JUL 25 1962

JUL 10 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4535

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.